

FAITHFUL FAMILIES PARTICIPANT EXIT FORM

04/16 Exit



Facilitator Name: _____

Faith Community Name: _____

TELL ME ABOUT YOU!

Today's Date: _____

Name: _____

Address: _____

City: _____

North Carolina Zip: _____

Phone number: (_____) _____

Email: _____

Age: _____ Sex: Female Male

Programs in which you and your family participate

- Child Nutrition (Free/Reduced Lunch)
- FDPIR (Food Distribution Program on Indian Reservations)
- Head Start
- SNAP (EBT Card)
- TANF (Temporary Assistance for Needy Families)
- TEFAP Commodity (Emergency Food Assistance Program)
- WIC
- Medicaid
- Work First

1. Which of the following social media websites did you use while in the Faithful Families program?

- Facebook
- Twitter
- I did not connect with social media

2. How often did you connect with Faithful Families social media over the course of our classes?

- More than once a day Once a day Less than three times a week Once a week I did not connect

3. In what ways did you use Faithful Families social media? (check all that apply)

- Read tips and recipes
- Watched videos about healthy eating or physical activity
- Received reminders for upcoming classes
- Other, list: _____
- Talked with other class participants

4. If you connected with Faithful Families using social media, please rank how helpful the information was:

- | | | | | | |
|---|---------------------------------------|----------------------------------|---|---|--|
| Reminders of classes | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> No Help at all | <input type="checkbox"/> I did not use |
| Nutrition and physical activity information | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> No Help at all | <input type="checkbox"/> I did not use |
| Recipes | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> No Help at all | <input type="checkbox"/> I did not use |
| Connecting with others in the class | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> No Help at all | <input type="checkbox"/> I did not use |
| Other, list | <input type="checkbox"/> Very Helpful | <input type="checkbox"/> Helpful | <input type="checkbox"/> Slightly Helpful | <input type="checkbox"/> No Help at all | <input type="checkbox"/> I did not use |
- _____

TELL ME ABOUT WHAT YOU USUALLY DO!

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are not any wrong answers. If you do not have children, just answer the questions for yourself.

1. How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the time	Always
2. How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the time	Always
3. How often do you run out of food before the end of the month?	Never	Seldom	Sometimes	Most of the time	Always
4. How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the time	Always
5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the time	Always
6. How often do you thaw frozen foods at room temperature?	Never	Seldom	Sometimes	Most of the time	Always
7. When deciding what to feed your family, how often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the time	Always
8. How often have you prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the time	Always
9. How often do you use the "Nutrition Facts" on the food label to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
10. How often do your children eat something in the morning within 2 hours of waking up?	Never	Seldom	Sometimes	Most of the time	Always
11. How often do you eat meals or snacks with one or more family members?	Never	Seldom	Sometimes	Most of the time	Always
12. On average how many servings of vegetables do you eat per day? Some examples of one serving of vegetables are 1 cup of raw, leafy vegetables like lettuce or greens (about the size of a baseball), 1/2 cup of chopped vegetables such as carrots (about the size of a computer mouse) or 10 French fries (about the size of a deck of cards).	None	1	2	3	4+
13. On average, how many servings of fruit do you eat per day? Some examples of one serving of fruit would be one medium apple, orange, pear, or banana, or 1/2 cup of chopped or canned fruit (about the size of a computer mouse).	None	1	2	3	4+
14. On a typical day, how many times do you drink sugar-sweetened beverages? (Sugar sweetened beverages are soft drinks (soda or pop), fruit drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added.)	None	1 time/day	2 times/day	3 times/day	4+ times/day
15. How often do you use <i>MyPlate</i> to make food choices?	Never	Seldom	Sometimes	Most of the time	Always
16. How many days per week do you get at least 30 minutes of moderate exercise? Moderate exercise is where your heart beats faster than normal and you can talk, but you can't sing. Examples include fast walking, aerobic class, strength training, and swimming gently.	0	1	2-3	4-5	6-7